

<i>SERFF Tracking Number:</i>	<i>MGCA-126457428</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Chesapeake Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44583</i>
<i>Company Tracking Number:</i>	<i>CH-26226-IR (03/09) 200906 AR CHESAPEAKE 14979</i>		
<i>TOI:</i>	<i>H15I Individual Health -</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical</i>
	<i>Hospital/Surgical/Medical Expense</i>		<i>Expense</i>
<i>Product Name:</i>	<i>CH-26226-IR (03/09) - Outpatient Diagnostic Services Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: CH-26226-IR (03/09) -  
Outpatient Diagnostic Services Rider

TOI: H15I Individual Health -  
Hospital/Surgical/Medical Expense

Sub-TOI: H15I.001 Health -  
Hospital/Surgical/Medical Expense

Filing Type: Rate

SERFF Tr Num: MGCA-126457428 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 44583  
Closed

Co Tr Num: CH-26226-IR (03/09) State Status: Approved-Closed  
200906 AR CHESAPEAKE 14979

Reviewer(s): Rosalind Minor

Authors: EDS EDSSupport, Sergei Disposition Date: 01/25/2010

Mordovine, Aliya Panjwani, Yan

Yuan, Eliseo Rodriguez, Joanna

Gulling, Liz Hart, Sean Casey,

David Beimesch, Tony Huang,

Kendall Daniels, Chanel Orallo,

Sommay Khounlo, Ashley Toner,

Jennifer Schilb

Date Submitted: 01/14/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested:

State Filing Description:

Implementation Date:

## General Information

Project Name:

Project Number:

Requested Filing Mode:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Our state of  
domicile is Oklahoma and does not require rate  
changes to be filed; therefore, no such rate  
filing has been made in that state.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/25/2010

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

SERFF Tracking Number: MGCA-126457428 State: Arkansas  
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 44583  
Company Tracking Number: CH-26226-IR (03/09) 200906 AR CHESAPEAKE 14979  
TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense  
Product Name: CH-26226-IR (03/09) - Outpatient Diagnostic Services Rider  
Project Name/Number: /

State Status Changed: 01/25/2010

Deemer Date:

Created By: Sean Casey

Submitted By: Sean Casey

Corresponding Filing Tracking Number:

Filing Description:

"This Rider form will pay benefits for Covered Expenses incurred by an Insured Person, while this Rider is inforce, for: Diagnostic x-rays and interpretations charges;

Laboratory and pathological examinations;

Physical, Occupational or Speech Therapy (preceded by Hospital Confinement or Surgery and not received during Hospital Confinement); while not Confined to a Hospital and that are related to and necessary for the diagnosis and treatment of a Sickness or Injury. Benefits under this Rider include, but are not limited to, Covered Expenses incurred for:

CAT Scans Magnetic Resonance Imaging

Mammogram Upper/Lower G.I.Series

Electrocardiogram (EKG) Blood or serum analysis

Angiogram Stress Tests"

## Company and Contact

### Filing Contact Information

David Beimesch, nrhact-comp@healthmarkets.com  
9151 boulevard 26 817-255-3752 [Phone]  
north richland hills, TX 76180

### Filing Company Information

The Chesapeake Life Insurance Company CoCode: 61832 State of Domicile: Oklahoma  
9151 Boulevard 26 Group Code: 264 Company Type:  
North Richland Hills, TX 76180 Group Name: State ID Number:  
(817) 255-3100 ext. [Phone] FEIN Number: 52-0676509

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## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Chesapeake Life Insurance Company	\$0.00	01/14/2010	
The Chesapeake Life Insurance Company	\$50.00	01/22/2010	33715938

SERFF Tracking Number: MGCA-126457428 State: Arkansas  
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TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense  
Product Name: CH-26226-IR (03/09) - Outpatient Diagnostic Services Rider  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/25/2010	01/25/2010

SERFF Tracking Number: MGCA-126457428 State: Arkansas  
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Hospital/Surgical/Medical Expense Expense  
Product Name: CH-26226-IR (03/09) - Outpatient Diagnostic Services Rider  
Project Name/Number: /

## Disposition

Disposition Date: 01/25/2010

Implementation Date:

Status: Approved-Closed

Comment:

We have approved your request of a 4% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval

Rate data does NOT apply to filing.

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 TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
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 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Supporting Documents	Approved-Closed	No
Rate	CH-26226 Rate page	Approved-Closed	No

SERFF Tracking Number: MGCA-126457428 State: Arkansas

Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 44583

Company Tracking Number: CH-26226-IR (03/09) 200906 AR CHESAPEAKE 14979

TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense

Product Name: CH-26226-IR (03/09) - Outpatient Diagnostic Services Rider

Project Name/Number: /

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 01/25/2010	CH-26226 Rate page	CH-26226	New		CH-26226-IR (0309) (AR) Rate Page BF.pdf CH-26226-IR (0309) (AR) Rate Page CF.pdf CH-26226-IR (0309) (AR) Rate Page EF.pdf

# The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Outpatient Diagnostics

CH-26226-IR (03/09)

BasicFit

Formula
Round( AgeSex x Area x Base x Inflation x Tobacco x Annual Max x Copay x Daily Max ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.040000000

Base	Factor
Base	23.520

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Benefit Options	Factor
Copay 100	1.431900
Copay 250	1.000000
Daily Max 500	0.749800
Daily Max 750	0.898500
Daily Max 1000	1.000000
Daily Max 1250	1.072500
Daily Max 1500	1.124300
Annual Max 2500	1.000000
Annual Max 3000	1.025500
Annual Max 5000	1.070800
Annual Max 7500	1.090000

Other values may be interpolated.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.300

Age	Factor	Gender	Adult/Dep
00	0.6870	Female	Adult
01	0.6870	Female	Adult
02	0.6870	Female	Adult
03	0.6870	Female	Adult
04	0.6870	Female	Adult
05	0.6870	Female	Adult
06	0.6870	Female	Adult
07	0.6870	Female	Adult
08	0.6870	Female	Adult
09	0.6870	Female	Adult
10	0.6870	Female	Adult
11	0.6870	Female	Adult
12	0.6870	Female	Adult
13	0.6870	Female	Adult
14	0.6870	Female	Adult
15	0.6870	Female	Adult
16	0.6870	Female	Adult

Age	Factor	Gender	Adult/Dep
17	0.6870	Female	Adult
18	0.6870	Female	Adult
19	0.6870	Female	Adult
20	0.7110	Female	Adult
21	0.7360	Female	Adult
22	0.7620	Female	Adult
23	0.7750	Female	Adult
24	0.7890	Female	Adult
25	0.8040	Female	Adult
26	0.8190	Female	Adult
27	0.8350	Female	Adult
28	0.8470	Female	Adult
29	0.8560	Female	Adult
30	0.8630	Female	Adult
31	0.8720	Female	Adult
32	0.8800	Female	Adult
33	0.8900	Female	Adult
34	0.9040	Female	Adult
35	0.9190	Female	Adult
36	0.9340	Female	Adult
37	0.9500	Female	Adult
38	0.9720	Female	Adult
39	0.9960	Female	Adult
40	1.0190	Female	Adult
41	1.0450	Female	Adult
42	1.0680	Female	Adult
43	1.1040	Female	Adult
44	1.1400	Female	Adult
45	1.1770	Female	Adult
46	1.2150	Female	Adult
47	1.2550	Female	Adult
48	1.2860	Female	Adult
49	1.3120	Female	Adult
50	1.3370	Female	Adult
51	1.3640	Female	Adult
52	1.3910	Female	Adult
53	1.4230	Female	Adult
54	1.4620	Female	Adult
55	1.5020	Female	Adult
56	1.5440	Female	Adult
57	1.5860	Female	Adult
58	1.6410	Female	Adult
59	1.6930	Female	Adult
60	1.7460	Female	Adult
61	1.7990	Female	Adult
62	1.8550	Female	Adult
63	1.9120	Female	Adult
64 - 99	1.9720	Female	Adult
00	0.5600	Male	Adult
01	0.5600	Male	Adult
02	0.5600	Male	Adult
03	0.5600	Male	Adult
04	0.5600	Male	Adult
05	0.5600	Male	Adult
06	0.5600	Male	Adult

Age	Factor	Gender	Adult/Dep
07	0.5600	Male	Adult
08	0.5600	Male	Adult
09	0.5600	Male	Adult
10	0.5600	Male	Adult
11	0.5600	Male	Adult
12	0.5600	Male	Adult
13	0.5600	Male	Adult
14	0.5600	Male	Adult
15	0.5600	Male	Adult
16	0.5600	Male	Adult
17	0.5600	Male	Adult
18	0.5600	Male	Adult
19	0.5600	Male	Adult
20	0.5860	Male	Adult
21	0.6130	Male	Adult
22	0.6400	Male	Adult
23	0.6690	Male	Adult
24	0.7000	Male	Adult
25	0.7320	Male	Adult
26	0.7430	Male	Adult
27	0.7520	Male	Adult
28	0.7600	Male	Adult
29	0.7700	Male	Adult
30	0.7790	Male	Adult
31	0.7860	Male	Adult
32	0.7970	Male	Adult
33	0.8150	Male	Adult
34	0.8260	Male	Adult
35	0.8410	Male	Adult
36	0.8530	Male	Adult
37	0.8700	Male	Adult
38	0.8760	Male	Adult
39	0.8860	Male	Adult
40	0.8990	Male	Adult
41	0.9160	Male	Adult
42	0.9330	Male	Adult
43	0.9640	Male	Adult
44	0.9900	Male	Adult
45	1.0180	Male	Adult
46	1.0480	Male	Adult
47	1.0780	Male	Adult
48	1.1260	Male	Adult
49	1.1670	Male	Adult
50	1.2100	Male	Adult
51	1.2560	Male	Adult
52	1.3030	Male	Adult
53	1.3620	Male	Adult
54	1.4170	Male	Adult
55	1.4760	Male	Adult
56	1.5380	Male	Adult
57	1.6030	Male	Adult
58	1.6480	Male	Adult
59	1.6970	Male	Adult
60	1.7490	Male	Adult
61	1.8010	Male	Adult

Age	Factor	Gender	Adult/Dep
62	1.8560	Male	Adult
63	1.9110	Male	Adult
64 - 99	1.9690	Male	Adult
00	0.3650	Female	Dep Child
01	0.3650	Female	Dep Child
02	0.3650	Female	Dep Child
03	0.3650	Female	Dep Child
04	0.3650	Female	Dep Child
05	0.3650	Female	Dep Child
06	0.3650	Female	Dep Child
07	0.3650	Female	Dep Child
08	0.3650	Female	Dep Child
09	0.3650	Female	Dep Child
10	0.3650	Female	Dep Child
11	0.3650	Female	Dep Child
12	0.3650	Female	Dep Child
13	0.3650	Female	Dep Child
14	0.3650	Female	Dep Child
15	0.3650	Female	Dep Child
16	0.3650	Female	Dep Child
17	0.3650	Female	Dep Child
18	0.3650	Female	Dep Child
19	0.3650	Female	Dep Child
20	0.3650	Female	Dep Child
21	0.3650	Female	Dep Child
22	0.3650	Female	Dep Child
23	0.4680	Female	Dep Child
24	0.5980	Female	Dep Child
25	0.7650	Female	Dep Child
26	0.7760	Female	Dep Child
27	0.7880	Female	Dep Child
28	0.7970	Female	Dep Child
29	0.8050	Female	Dep Child
30 - 99	0.8140	Female	Dep Child
00	0.3650	Male	Dep Child
01	0.3650	Male	Dep Child
02	0.3650	Male	Dep Child
03	0.3650	Male	Dep Child
04	0.3650	Male	Dep Child
05	0.3650	Male	Dep Child
06	0.3650	Male	Dep Child
07	0.3650	Male	Dep Child
08	0.3650	Male	Dep Child
09	0.3650	Male	Dep Child
10	0.3650	Male	Dep Child
11	0.3650	Male	Dep Child
12	0.3650	Male	Dep Child
13	0.3650	Male	Dep Child
14	0.3650	Male	Dep Child
15	0.3650	Male	Dep Child
16	0.3650	Male	Dep Child
17	0.3650	Male	Dep Child
18	0.3650	Male	Dep Child
19	0.3650	Male	Dep Child
20	0.3650	Male	Dep Child

Age	Factor	Gender	Adult/Dep
21	0.3650	Male	Dep Child
22	0.3650	Male	Dep Child
23	0.4680	Male	Dep Child
24	0.5980	Male	Dep Child
25	0.7650	Male	Dep Child
26	0.7760	Male	Dep Child
27	0.7880	Male	Dep Child
28	0.7970	Male	Dep Child
29	0.8050	Male	Dep Child
30 - 99	0.8140	Male	Dep Child

Area	ID	Factor
71600 - 71699	01	1.000
71700 - 71799	ZD	0.906
71800 - 71899	01	1.000
71900 - 71999	01	1.000
72000 - 72099	01	1.000
72100 - 72199	AB	1.051
72200 - 72299	01	1.000
72300 - 72399	AC	1.077
72400 - 72499	ZA	0.976
72500 - 72599	01	1.000
72600 - 72699	ZB	0.952
72700 - 72799	ZA	0.976
72800 - 72899	AB	1.051
72900 - 72999	ZB	0.952
All - Others	AC	1.077

# The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Outpatient Diagnostics

CH-26226-IR (03/09)

ClassicFit

Formula
Round( AgeSex x Area x Base x Inflation x Tobacco x Annual Max x Copay x Daily Max ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.040000000

Base	Factor
Base	23.520

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Benefit Options	Factor
Copay 100	1.431900
Copay 250	1.000000
Daily Max 500	0.749800
Daily Max 750	0.898500
Daily Max 1000	1.000000
Daily Max 1250	1.072500
Daily Max 1500	1.124300
Annual Max 2500	1.000000
Annual Max 3000	1.025500
Annual Max 5000	1.070800
Annual Max 7500	1.090000

Other values may be interpolated.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.300

Age	Factor	Gender	Adult/Dep
00	0.6870	Female	Adult
01	0.6870	Female	Adult
02	0.6870	Female	Adult
03	0.6870	Female	Adult
04	0.6870	Female	Adult
05	0.6870	Female	Adult
06	0.6870	Female	Adult
07	0.6870	Female	Adult
08	0.6870	Female	Adult
09	0.6870	Female	Adult
10	0.6870	Female	Adult
11	0.6870	Female	Adult
12	0.6870	Female	Adult
13	0.6870	Female	Adult
14	0.6870	Female	Adult
15	0.6870	Female	Adult
16	0.6870	Female	Adult

Age	Factor	Gender	Adult/Dep
17	0.6870	Female	Adult
18	0.6870	Female	Adult
19	0.6870	Female	Adult
20	0.7110	Female	Adult
21	0.7360	Female	Adult
22	0.7620	Female	Adult
23	0.7750	Female	Adult
24	0.7890	Female	Adult
25	0.8040	Female	Adult
26	0.8190	Female	Adult
27	0.8350	Female	Adult
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29	0.8560	Female	Adult
30	0.8630	Female	Adult
31	0.8720	Female	Adult
32	0.8800	Female	Adult
33	0.8900	Female	Adult
34	0.9040	Female	Adult
35	0.9190	Female	Adult
36	0.9340	Female	Adult
37	0.9500	Female	Adult
38	0.9720	Female	Adult
39	0.9960	Female	Adult
40	1.0190	Female	Adult
41	1.0450	Female	Adult
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09	0.5600	Male	Adult
10	0.5600	Male	Adult
11	0.5600	Male	Adult
12	0.5600	Male	Adult
13	0.5600	Male	Adult
14	0.5600	Male	Adult
15	0.5600	Male	Adult
16	0.5600	Male	Adult
17	0.5600	Male	Adult
18	0.5600	Male	Adult
19	0.5600	Male	Adult
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26	0.7430	Male	Adult
27	0.7520	Male	Adult
28	0.7600	Male	Adult
29	0.7700	Male	Adult
30	0.7790	Male	Adult
31	0.7860	Male	Adult
32	0.7970	Male	Adult
33	0.8150	Male	Adult
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35	0.8410	Male	Adult
36	0.8530	Male	Adult
37	0.8700	Male	Adult
38	0.8760	Male	Adult
39	0.8860	Male	Adult
40	0.8990	Male	Adult
41	0.9160	Male	Adult
42	0.9330	Male	Adult
43	0.9640	Male	Adult
44	0.9900	Male	Adult
45	1.0180	Male	Adult
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53	1.3620	Male	Adult
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55	1.4760	Male	Adult
56	1.5380	Male	Adult
57	1.6030	Male	Adult
58	1.6480	Male	Adult
59	1.6970	Male	Adult
60	1.7490	Male	Adult
61	1.8010	Male	Adult

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64 - 99	1.9690	Male	Adult
00	0.3650	Female	Dep Child
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02	0.3650	Female	Dep Child
03	0.3650	Female	Dep Child
04	0.3650	Female	Dep Child
05	0.3650	Female	Dep Child
06	0.3650	Female	Dep Child
07	0.3650	Female	Dep Child
08	0.3650	Female	Dep Child
09	0.3650	Female	Dep Child
10	0.3650	Female	Dep Child
11	0.3650	Female	Dep Child
12	0.3650	Female	Dep Child
13	0.3650	Female	Dep Child
14	0.3650	Female	Dep Child
15	0.3650	Female	Dep Child
16	0.3650	Female	Dep Child
17	0.3650	Female	Dep Child
18	0.3650	Female	Dep Child
19	0.3650	Female	Dep Child
20	0.3650	Female	Dep Child
21	0.3650	Female	Dep Child
22	0.3650	Female	Dep Child
23	0.4680	Female	Dep Child
24	0.5980	Female	Dep Child
25	0.7650	Female	Dep Child
26	0.7760	Female	Dep Child
27	0.7880	Female	Dep Child
28	0.7970	Female	Dep Child
29	0.8050	Female	Dep Child
30 - 99	0.8140	Female	Dep Child
00	0.3650	Male	Dep Child
01	0.3650	Male	Dep Child
02	0.3650	Male	Dep Child
03	0.3650	Male	Dep Child
04	0.3650	Male	Dep Child
05	0.3650	Male	Dep Child
06	0.3650	Male	Dep Child
07	0.3650	Male	Dep Child
08	0.3650	Male	Dep Child
09	0.3650	Male	Dep Child
10	0.3650	Male	Dep Child
11	0.3650	Male	Dep Child
12	0.3650	Male	Dep Child
13	0.3650	Male	Dep Child
14	0.3650	Male	Dep Child
15	0.3650	Male	Dep Child
16	0.3650	Male	Dep Child
17	0.3650	Male	Dep Child
18	0.3650	Male	Dep Child
19	0.3650	Male	Dep Child
20	0.3650	Male	Dep Child

Age	Factor	Gender	Adult/Dep
21	0.3650	Male	Dep Child
22	0.3650	Male	Dep Child
23	0.4680	Male	Dep Child
24	0.5980	Male	Dep Child
25	0.7650	Male	Dep Child
26	0.7760	Male	Dep Child
27	0.7880	Male	Dep Child
28	0.7970	Male	Dep Child
29	0.8050	Male	Dep Child
30 - 99	0.8140	Male	Dep Child

Area	ID	Factor
71600 - 71699	AB	1.051
71700 - 71799	AB	1.051
71800 - 71899	AB	1.051
71900 - 71999	AD	1.104
72000 - 72099	ZA	0.976
72100 - 72199	AF	1.160
72200 - 72299	AA	1.025
72300 - 72399	AB	1.051
72400 - 72499	AB	1.051
72500 - 72599	AH	1.218
72600 - 72699	ZA	0.976
72700 - 72799	ZE	0.884
72800 - 72899	AF	1.160
72900 - 72999	ZE	0.884
All - Others	AH	1.218

# The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Outpatient Diagnostics

CH-26226-IR (03/09)

EssentialFit

Formula
Round( AgeSex x Area x Base x Inflation x Tobacco x Deductible Coinsurance x Deductible Coinsurance MOOP ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.040000000

Base	Factor
Base	13.920

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Benefit Options	Factor
Deductible 7500 Coinsurance 70 MOOP 5000	0.981700
Deductible 7500 Coinsurance 70 MOOP 10000	0.934300
Deductible 7500 Coinsurance 80 MOOP 5000	1.013700
Deductible 7500 Coinsurance 80 MOOP 10000	0.982400
Deductible 7500 Coinsurance 90 MOOP 5000	1.058900
Deductible 7500 Coinsurance 90 MOOP 10000	1.046400
Deductible 7500 Coinsurance 100	1.135400
Deductible 10000 Coinsurance 70 MOOP 5000	0.876500
Deductible 10000 Coinsurance 70 MOOP 10000	0.833900
Deductible 10000 Coinsurance 80 MOOP 5000	0.901300
Deductible 10000 Coinsurance 80 MOOP 10000	0.872300
Deductible 10000 Coinsurance 90 MOOP 5000	0.936200
Deductible 10000 Coinsurance 90 MOOP 10000	0.924000
Deductible 10000 Coinsurance 100	1.000000
Deductible 15000 Coinsurance 70 MOOP 5000	0.723800
Deductible 15000 Coinsurance 70 MOOP 10000	0.687800
Deductible 15000 Coinsurance 80 MOOP 5000	0.738300
Deductible 15000 Coinsurance 80 MOOP 10000	0.713100
Deductible 15000 Coinsurance 90 MOOP 5000	0.759000
Deductible 15000 Coinsurance 90 MOOP 10000	0.747600
Deductible 15000 Coinsurance 100	0.805000
Deductible 20000 Coinsurance 70 MOOP 5000	0.627300
Deductible 20000 Coinsurance 70 MOOP 10000	0.595100
Deductible 20000 Coinsurance 80 MOOP 5000	0.634300
Deductible 20000 Coinsurance 80 MOOP 10000	0.613600
Deductible 20000 Coinsurance 90 MOOP 5000	0.648900
Deductible 20000 Coinsurance 90 MOOP 10000	0.638100
Deductible 20000 Coinsurance 100	0.684200

Other values may be interpolated.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.300

Age	Factor	Gender	Adult/Dep
00	0.6870	Female	Adult
01	0.6870	Female	Adult
02	0.6870	Female	Adult
03	0.6870	Female	Adult
04	0.6870	Female	Adult
05	0.6870	Female	Adult
06	0.6870	Female	Adult
07	0.6870	Female	Adult
08	0.6870	Female	Adult
09	0.6870	Female	Adult
10	0.6870	Female	Adult
11	0.6870	Female	Adult
12	0.6870	Female	Adult
13	0.6870	Female	Adult
14	0.6870	Female	Adult
15	0.6870	Female	Adult
16	0.6870	Female	Adult
17	0.6870	Female	Adult
18	0.6870	Female	Adult
19	0.6870	Female	Adult
20	0.7110	Female	Adult
21	0.7360	Female	Adult
22	0.7620	Female	Adult
23	0.7750	Female	Adult
24	0.7890	Female	Adult
25	0.8040	Female	Adult
26	0.8190	Female	Adult
27	0.8350	Female	Adult
28	0.8470	Female	Adult
29	0.8560	Female	Adult
30	0.8630	Female	Adult
31	0.8720	Female	Adult
32	0.8800	Female	Adult
33	0.8900	Female	Adult
34	0.9040	Female	Adult
35	0.9190	Female	Adult
36	0.9340	Female	Adult
37	0.9500	Female	Adult
38	0.9720	Female	Adult
39	0.9960	Female	Adult
40	1.0190	Female	Adult
41	1.0450	Female	Adult
42	1.0680	Female	Adult
43	1.1040	Female	Adult
44	1.1400	Female	Adult
45	1.1770	Female	Adult
46	1.2150	Female	Adult
47	1.2550	Female	Adult
48	1.2860	Female	Adult
49	1.3120	Female	Adult
50	1.3370	Female	Adult
51	1.3640	Female	Adult
52	1.3910	Female	Adult
53	1.4230	Female	Adult
54	1.4620	Female	Adult

Age	Factor	Gender	Adult/Dep
55	1.5020	Female	Adult
56	1.5440	Female	Adult
57	1.5860	Female	Adult
58	1.6410	Female	Adult
59	1.6930	Female	Adult
60	1.7460	Female	Adult
61	1.7990	Female	Adult
62	1.8550	Female	Adult
63	1.9120	Female	Adult
64 - 99	1.9720	Female	Adult
00	0.5600	Male	Adult
01	0.5600	Male	Adult
02	0.5600	Male	Adult
03	0.5600	Male	Adult
04	0.5600	Male	Adult
05	0.5600	Male	Adult
06	0.5600	Male	Adult
07	0.5600	Male	Adult
08	0.5600	Male	Adult
09	0.5600	Male	Adult
10	0.5600	Male	Adult
11	0.5600	Male	Adult
12	0.5600	Male	Adult
13	0.5600	Male	Adult
14	0.5600	Male	Adult
15	0.5600	Male	Adult
16	0.5600	Male	Adult
17	0.5600	Male	Adult
18	0.5600	Male	Adult
19	0.5600	Male	Adult
20	0.5860	Male	Adult
21	0.6130	Male	Adult
22	0.6400	Male	Adult
23	0.6690	Male	Adult
24	0.7000	Male	Adult
25	0.7320	Male	Adult
26	0.7430	Male	Adult
27	0.7520	Male	Adult
28	0.7600	Male	Adult
29	0.7700	Male	Adult
30	0.7790	Male	Adult
31	0.7860	Male	Adult
32	0.7970	Male	Adult
33	0.8150	Male	Adult
34	0.8260	Male	Adult
35	0.8410	Male	Adult
36	0.8530	Male	Adult
37	0.8700	Male	Adult
38	0.8760	Male	Adult
39	0.8860	Male	Adult
40	0.8990	Male	Adult
41	0.9160	Male	Adult
42	0.9330	Male	Adult
43	0.9640	Male	Adult
44	0.9900	Male	Adult

Age	Factor	Gender	Adult/Dep
45	1.0180	Male	Adult
46	1.0480	Male	Adult
47	1.0780	Male	Adult
48	1.1260	Male	Adult
49	1.1670	Male	Adult
50	1.2100	Male	Adult
51	1.2560	Male	Adult
52	1.3030	Male	Adult
53	1.3620	Male	Adult
54	1.4170	Male	Adult
55	1.4760	Male	Adult
56	1.5380	Male	Adult
57	1.6030	Male	Adult
58	1.6480	Male	Adult
59	1.6970	Male	Adult
60	1.7490	Male	Adult
61	1.8010	Male	Adult
62	1.8560	Male	Adult
63	1.9110	Male	Adult
64 - 99	1.9690	Male	Adult
00	0.3650	Female	Dep Child
01	0.3650	Female	Dep Child
02	0.3650	Female	Dep Child
03	0.3650	Female	Dep Child
04	0.3650	Female	Dep Child
05	0.3650	Female	Dep Child
06	0.3650	Female	Dep Child
07	0.3650	Female	Dep Child
08	0.3650	Female	Dep Child
09	0.3650	Female	Dep Child
10	0.3650	Female	Dep Child
11	0.3650	Female	Dep Child
12	0.3650	Female	Dep Child
13	0.3650	Female	Dep Child
14	0.3650	Female	Dep Child
15	0.3650	Female	Dep Child
16	0.3650	Female	Dep Child
17	0.3650	Female	Dep Child
18	0.3650	Female	Dep Child
19	0.3650	Female	Dep Child
20	0.3650	Female	Dep Child
21	0.3650	Female	Dep Child
22	0.3650	Female	Dep Child
23	0.4680	Female	Dep Child
24	0.5980	Female	Dep Child
25	0.7650	Female	Dep Child
26	0.7760	Female	Dep Child
27	0.7880	Female	Dep Child
28	0.7970	Female	Dep Child
29	0.8050	Female	Dep Child
30 - 99	0.8140	Female	Dep Child
00	0.3650	Male	Dep Child
01	0.3650	Male	Dep Child
02	0.3650	Male	Dep Child
03	0.3650	Male	Dep Child

Age	Factor	Gender	Adult/Dep
04	0.3650	Male	Dep Child
05	0.3650	Male	Dep Child
06	0.3650	Male	Dep Child
07	0.3650	Male	Dep Child
08	0.3650	Male	Dep Child
09	0.3650	Male	Dep Child
10	0.3650	Male	Dep Child
11	0.3650	Male	Dep Child
12	0.3650	Male	Dep Child
13	0.3650	Male	Dep Child
14	0.3650	Male	Dep Child
15	0.3650	Male	Dep Child
16	0.3650	Male	Dep Child
17	0.3650	Male	Dep Child
18	0.3650	Male	Dep Child
19	0.3650	Male	Dep Child
20	0.3650	Male	Dep Child
21	0.3650	Male	Dep Child
22	0.3650	Male	Dep Child
23	0.4680	Male	Dep Child
24	0.5980	Male	Dep Child
25	0.7650	Male	Dep Child
26	0.7760	Male	Dep Child
27	0.7880	Male	Dep Child
28	0.7970	Male	Dep Child
29	0.8050	Male	Dep Child
30 - 99	0.8140	Male	Dep Child

Area	ID	Factor
71600 - 71699	AB	1.051
71700 - 71799	AB	1.051
71800 - 71899	AB	1.051
71900 - 71999	AD	1.104
72000 - 72099	ZA	0.976
72100 - 72199	AF	1.160
72200 - 72299	AA	1.025
72300 - 72399	AB	1.051
72400 - 72499	AB	1.051
72500 - 72599	AH	1.218
72600 - 72699	ZA	0.976
72700 - 72799	ZE	0.884
72800 - 72899	AF	1.160
72900 - 72999	ZE	0.884
All - Others	AH	1.218

<i>SERFF Tracking Number:</i>	<i>MGCA-126457428</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Chesapeake Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44583</i>
<i>Company Tracking Number:</i>	<i>CH-26226-IR (03/09) 200906 AR CHESAPEAKE 14979</i>		
<i>TOI:</i>	<i>H151 Individual Health -</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical</i>
	<i>Hospital/Surgical/Medical Expense</i>		<i>Expense</i>
<i>Product Name:</i>	<i>CH-26226-IR (03/09) - Outpatient Diagnostic Services Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b>		
	Health - Actuarial Justification	Approved-Closed
<b>Comments:</b>		<b>Date:</b>
		01/25/2010
<b>Attachment:</b>		
CH-26226-IR (0309) (AR) Act Memo.pdf		

# **The Chesapeake Life Insurance Company**

Administrative Offices: 9151 Boulevard 26, N Richland Hills, TX 76180

## **Actuarial Memorandum for Outpatient Diagnostic Services Rider CH-26226-IR (03/09)**

### **Purpose**

To inform of a rate change on this previously approved form.

### **Description**

This Rider form will pay benefits for Covered Expenses incurred by an Insured Person, while this Rider is in force, for:

Diagnostic x-rays and interpretations charges;

Laboratory and pathological examinations;

Physical, Occupational or Speech Therapy (preceded by Hospital Confinement or Surgery and not received during Hospital Confinement);

while not Confined to a Hospital and that are related to and necessary for the diagnosis and treatment of a Sickness or Injury. Benefits under this Rider include, but are not limited to, Covered Expenses incurred for:

CAT Scans Magnetic Resonance Imaging

Mammogram Upper/Lower G.I. Series

Electrocardiogram (EKG) Blood or serum analysis

Angiogram Stress Tests

### **Scope and Reason**

We are requesting a rate increase of 4% on this form. This increase is to account mainly for the assumed trend. This rate change will not vary by gender or age. The rate increase will be effective on or after 3/1/2010 or upon approval. There are currently 0 persons in force in the state of Arkansas. All policyholders and certificateholders with the same rating class and characteristics listed above will receive the same increase. Advance notification of this rate increase will be provided subject to the number of days required by your state.

### **Rate Schedule**

Please see the enclosed rate pages that reflect the requested changes. For rates other than monthly bank draft, multiply the monthly bank draft rate from the rate page by 3 for quarterly, 6 for semi-annual, and 11 for annual premium rates. Some variations may occur between the calculated rates and our computer system rates due to rounding differences.

### **Minimum Loss Ratio**

The NAIC or state specific minimum loss ratio standard for policy forms similar to this is 55%.

### **Actuarial Certification**

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with applicable regulations in Arkansas, and that the premiums are reasonable in relation to the benefits.

12/21/2009

Date



Peter Daggett, ASA, MAAA

Vice President and Actuary

The Chesapeake Life Insurance Company